

HPCPS CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER (REQUIRED)	UTILIZATION MODIFIERS	FY 2013 MAXIMUM ALLOWABLE RATE
S5102	Adult Day Care	Day	U8	None	\$37.66
T2031	Adult Residential Services (Licensed Assisted Living Facilities Level I, Level II & Type N Facilities)	Day	U8	None	\$69.75
T2016	Adult Residential Services - (Licensed Assisted Living Facilities, Memory Care Unit)	Day	U8	None	\$82.60
T2033	Adult Residential Services - (Licensed Community Residential Care)	Day	U8	None	\$103.25
H0043	Adult Residential Services - (Certified Independent Living Facilities)	Day	U8	None	\$40.00
T2028	Assistive Technology Devices	Per Item	U8	None	\$2,000.00
S5125	Attendant Care Services	15 Min	U8	TN (optional)	\$4.77
S5115	Caregiver Training	15 Min	U8	TN (optional)	\$4.88
T1016	Case Management	15 Min	U8	TN (optional)	\$20.00
T2024	Pre-enrollment and Inpatient Case Management	15 Min	U8	TN (optional)	\$20.00
S5120	Chore Services	15 Min	U8	TN (optional)	\$4.77
T2038	Community Transition Services	Per Service	U8	None	\$1,000.00
S5108	Consumer Preparation Services	Hourly	U8	TN (optional)	\$13.88
S5165	Environmental Accessibility Adaptations - Home Modification	Per Service	U8	None	\$2,000.00
T2039	Environmental Accessibility Adaptations - Vehicle Modification	Per Service	U8	None	\$2,000.00
T2040	Financial Management Services	Monthly	U8	None	\$48.00
T2017	Habilitation	Hourly	U8	None	\$22.65
S5170	Home Delivered Meals	Per Meal	U8	TN (optional)	\$7.05
S5130	Homemaker	Hourly	U8	TN (optional)	\$19.85
S5185	Medication Administration Assistance - Medication Reminder System (Not face to face)	Monthly	U8	None	\$49.00
H0034	Medication Administration Assistance - Medication Set-up	15 Min	U8	None	\$19.76
H0038	Personal Budget Assistance	15 Min	U8	None	\$4.72
S5162	Personal Emergency Response System - Purchase, Rental, Repair	Per Item	U8	None	\$223.78
S5161	Personal Emergency Response System - Response Center Service	Monthly	U8	None	\$40.17
S5160	Personal Emergency Response System - Installation, Testing & Removal	Per Service	U8	None	\$50.00
S5150	Respite - Routine - Hourly (5 or less hours)	Hourly	U8	TN (optional)	\$20.79
H0045	Respite Client's Home (6 or more hours)	Day	U8	TN (optional)	\$56.72
S5151	Respite Care - Out of Home - Room and Board Included	Day	U8	None	\$138.50
T2029	Specialized Medical Equipment, Supplies and Supplements	Per Item	U8	None	\$500.00
T1021	Supportive Maintenance Services	Hourly	U8	None	\$24.68
S0215	Transportation - Non-Medical - Per Mile	Per mile	U8	TN (optional)	\$0.38
T2003	Transportation - Non-Medical - Per One Way Trip	Per Trip	U8	TN (optional)	\$14.94
T2004	Transportation - Non-Medical - Public Transit Pass	Monthly	U8	None	\$84.00